

Physician and Hospital Pricing of Common Outpatient Procedures - Gross Charges

Under Act 53, the information in the table below was required to be submitted by the hospitals to the Vermont Department of Health. Most of the charges in the table are effective for the period of October 1, 2012 through September 30, 2013. They are based on Common Procedural Terminology (CPT®) codes, which are defined as "a listing of descriptive terms and identifying codes for reporting medical services and procedures performed by physicians. The purpose of the terminology is to provide a uniform language that will accurately describe medical, surgical, and diagnostic services, and will thereby provide an effective means for reliable nationwide communication among physicians, patients, and third parties" (CPT® 2012 Standard Edition codebook - American Medical Association).

The tables of CPT code charges shown on the department's website provide hospital and physician gross charge information for selected commonly used outpatient procedures and related physician services. The charges listed are for the procedures themselves and do not represent other procedures that your physician may order or recommend. For some procedures, additional services such as blood collection or sedation may be required in conjunction with delivering the listed procedure. There may also be charges for supplies and pharmaceuticals used in the procedure. **To completely understand all possible charges that may apply for services received, please call your hospital and/or physician. Every patient event may have unique circumstances that could require additional services determined at the time of care, which can affect your total charges. The gross charges shown do NOT take into account any discounts or insurance. Please see the "Frequently Asked Questions" page for more information about pricing issues and considerations.**

For each table:

- **All charges shown are for hospitals and hospital-employed physicians only.**
- **"N/A" for hospital charges** indicates that the hospital does not perform this particular procedure. Check with the hospital as it may perform a similar procedure that is not listed.
- **"N/A" for physician charges** indicates that the hospital does not employ any physician who performs the service. In these cases, you may expect a separate charge from your physician or another doctor not employed directly by the hospital.
- The Hospital System Averages at the bottom of the table are the averages of the charges shown for each CPT code, and do not include any charges that are "N/A".
- Note that many of the codes on the list are diagnostic tests in which the physician charge component represents the medical interpretation of a resulting image, lab specimen analysis, etc.

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Table 3B - Laboratory Services

	CPT Code	80051	80053	80055	80061	81000	81001	81025*	82947	84153	85025	86850	86900
Hospital	Description	Electrolyte Panel	Comprehensive Metabolic Panel	Obstetric Panel	Lipid Panel	Urinalysis, chemical and microscopic	Urinalysis, automated	Pregnancy test (urine)	Blood glucose	Prostate specific antigen (PSA)	Complete blood count (CBC)	Antibody detection	ABO blood typing
Brattleboro Memorial Hospital	Hospital Charge	\$50	\$75	n/a	\$78	n/a	\$22	n/a	\$28	\$107	\$55	\$81	\$21
Central Vermont Medical Center*	Hospital Charge	\$75	\$104	n/a	\$84	\$14	\$45	\$71	\$29	\$118	\$46	\$150	\$51
Copley Hospital	Hospital Charge	\$35	\$111	n/a	\$65	n/a	\$57	\$44	\$21	\$89	\$44	\$77	\$32
Fletcher Allen Health Care	Hospital Charge	\$42	\$108	\$124	\$75	n/a	\$37	\$47	\$24	\$78	\$36	\$60	\$37
Gifford Medical Center	Hospital Charge	\$60	\$90	\$357	\$94	\$27	n/a	\$54	\$34	\$158	\$67	\$92	\$25
Grace Cottage Hospital	Hospital Charge	\$61	\$121	\$173	\$102	\$52	\$39	\$81	\$29	\$125	\$68	\$95	\$47
Mt. Ascutney Hospital & Health Center	Hospital Charge	\$85	\$129	n/a	\$134	n/a	\$38	\$77	\$48	\$224	\$95	\$105	\$36
North Country Hospital	Hospital Charge	\$115	\$150	\$406	\$84	\$98	n/a	\$43	\$53	\$107	\$89	\$85	\$69
Northeastern Vermont Regional Hospital	Hospital Charge	n/a	\$124	\$377	\$39	n/a	\$37	\$27	\$47	\$217	\$92	\$81	\$56
Northwestern Medical Center	Hospital Charge	\$41	\$35	\$214	\$40	n/a	\$39	\$49	\$28	\$65	\$54	\$59	\$43
Porter Hospital	Hospital Charge	\$84	\$133	n/a	\$50	n/a	\$56	\$61	\$34	\$150	\$78	\$99	\$45
Rutland Regional Medical Center	Hospital Charge	\$67	\$60	n/a	\$54	n/a	\$66	n/a	\$45	\$80	\$34	\$111	\$62
Southwestern Vermont Medical Center	Hospital Charge	\$134	\$152	\$395	\$210	\$27	\$148	\$27	\$79	\$253	\$115	\$120	\$69
Springfield Hospital	Hospital Charge	\$58	\$93	n/a	\$114	\$49	n/a	\$52	\$34	\$150	\$66	\$45	\$27
Hospital System Averages	Hospital Charge	\$70	\$106	\$292	\$87	\$45	\$53	\$53	\$38	\$137	\$67	\$90	\$44

Table 3B - Laboratory Services (page 2)

Hospital	CPT Code Description	86901	87086	87088**	87491***	Similar tests		88142	88175
		Rh blood typing	Urine culture, colony count	Urine culture, organism identification*	Chlamydia test**	87430 Strep test, group A, eia technique	87880 Strep test, group A	Pap test (with liquid base preparation)	Pap test (with liquid base preparation), automated
Brattleboro Memorial Hospital	Hospital Charge	\$21	\$41	n/a	\$96	\$54	n/a	n/a	n/a
Central Vermont Medical Center***	Hospital Charge	\$48	n/a	\$54	\$88	\$90	\$39	\$116	n/a
Copley Hospital	Hospital Charge	\$32	n/a	\$35	\$70	\$37	n/a	n/a	\$94
Fletcher Allen Health Care	Hospital Charge	\$35	\$74	\$54	\$114	n/a	\$37	\$73	\$82
Gifford Medical Center	Hospital Charge	\$25	\$49	\$33	\$220	n/a	\$98	\$173	n/a
Grace Cottage Hospital**	Hospital Charge	\$47	\$81	\$65	\$178	n/a	\$76	\$138	n/a
Mt. Ascutney Hospital & Health Center	Hospital Charge	\$51	n/a	\$46	\$317	n/a	\$143	\$247	n/a
North Country Hospital	Hospital Charge	\$69	n/a	\$148	\$40	\$75	\$51	\$91	\$106
Northeastern Vermont Regional Hospital***	Hospital Charge	\$36	\$68	\$46	\$306	n/a	\$65	\$186	\$194
Northwestern Medical Center	Hospital Charge	\$49	\$27	\$15	\$43	n/a	\$44	\$85	\$73
Porter Hospital	Hospital Charge	\$41	\$61	\$25	\$126	n/a	\$50	\$83	n/a
Rutland Regional Medical Center	Hospital Charge	\$62	\$64	\$29	\$247	\$89	\$77	\$65	n/a
Southwestern Vermont Medical Center	Hospital Charge	\$74	\$195	n/a	\$73	\$40	\$66	\$108	n/a
Springfield Hospital	Hospital Charge	\$49	\$52	\$58	\$41	n/a	\$131	\$87	n/a
Hospital System Averages	Hospital Charge	\$46	\$71	\$51	\$140	\$64	\$73	\$121	\$110

Note:

* For CVMC, pregnancy test (CPT code 81025) is \$71 if done at the hospital, \$16 if done at physician office.

** For the urine culture organism identification, Grace Cottage Hospital uses CPT code 87077.

*** For the chlamydia test, Central Vermont Medical Center uses CPT code 86631, NVRH uses 87490.